

An Inaugural essay

on

Cynanche Trachealis,

Submitted to the examination of

The Rev^d John Andrews D.D. Provost;

The Trustees,

and Medical Faculty of the University of Pennsylvania,

on the day of 1841.

For the Degree of Doctor of Medicine,

By Green Hamlin Battle, of Virginia.

Honorary Member of the Philadelphia Medical
Society, Member of the Linnean Society, and Member
of the Philadelphia Zoological Society.

The Department of

Cynanchum. Trichostema.

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In a treatise on Cynanche Trachealis of the present day, there can be expected little new; as it has engaged the attention of the most learned Physicians for centuries past: therefore, I hope I shall be excused if I collect whatever I can from those who have excelled in the profession, and condense it in this essay. This disease is very happily divided by Dr Wilson into that which attacks children under twelve years, and that which we sometimes meet with in adults. I shall in this paper confine myself entirely to the disease as it appears among children. In them it sometimes commences with the symptoms of a common cold or catarrh, which, as the disease

It is a matter in question whether of the present
the time can be applied to the use; as it has appeared
the relation of the past to the present for
certain facts. Indeed, I shall be sure of it
that relation I can find that the world is in
a position, and therefore it is in the way. The science
is very difficult, because of the relation and that which
which relation makes to the past, and that which is
relation must not be with it. I shall in the future
refer myself entirely to the science as it appears
many relations. It is true that relation is common with the
application of a science to the world, which is the science

increases, is followed by a difficulty of breathing, which
 sometimes is so very great, that the shoulders are raised
 at each inspiration; the abdominal muscles act violently.
 There is also a considerable alternate depression and
 elevation of the scapula and ribs. The breath at the
 + commencement is free from sibilus, but seldom remains so
 through its progress. The breathing, at this time, has been
 very correctly compared by Dr Cullen to the sound of a
 wind instrument, and by Dr Wilson to the crowing of a
 cock. These symptoms sometimes intermit so completely
 as to induce the Physicians and friends of the patient
 to believe that the disease is entirely removed; but they
 are soon surprised by beholding the little sufferer, threaten-
 ed with immediate suffocation. Certainly it would always
 be correct in these cases to pay particular attention

to many symptoms, as the paroxysms more frequently occur in the night than the day, some skilful person should constantly attend the patient through the night, and administer such medicine as would relieve him from his sufferings, but the phenomena of the disease, as above described are not uniform, sometimes they appear so mild as to require no remedy, and the patient complains of nothing but a little swelling and pain of the part. (if he is old enough to describe his sufferings) when requested to move his head, or the hands be gently pressed upon the neck. The cough which attends this disease usually partakes of the same sound, which has been before described, as being a concomitant of the difficulty of breathing; The expectoration attending this cough sometimes has a purulent

appearance, mixed with fluids blood, and sometimes white
 cheesy flecks are thrown up similar to pieces of membrane
 which line the trachea; this membranous substance,
 says Professor Rush, is nothing but coagulating lymph
 the effect of inflammation, and the same thing takes place
 in the intestines and pleura. This cough, according to the
 same Professor, sometimes continues after the other sympt-
 -oms are removed, and Dr Wilson has known ~~the~~ nature
 in those who formerly laboured under Croup or exposure
 to colds without any other symptoms of the disease, and
 go off without a remedy. The appearance of the sputum
 is well described by the author spoken of before.

I beg leave to lay it before the reader, in his own words.

"There is nothing particular to be observed in the fauces
 generally. Sometimes they look red and even a little swollen, at other

times the uvula, the velum pendulum palati, and tonsils are intensely red, but without swelling; and sometimes we observe a little puslike matter in the fauces, similar to that of put up. The appearance of the face is the same as in other instances of great dyspnoea, at first red and swells; sooner or later, if the complaint increases, becoming purple and livid. There is often a degree of soft white swelling externally about the larynx, which sometimes spreads along the course of the trachea. The hands and feet are often affected with the same kind of swelling.

This disease sometimes appears as an epidemic, hence it has been called *angina epidemica*. I shall now proceed to give a description of the appearance of the trachea upon dissection, the disease sometimes has been so violent as to

✓ transcend inflammation and no morbid effects are visible.

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when the trachea is laid open, some coagulating lymph
 having been previously thrown out and forms a membrane, (which
 proves not unfrequently fatal to patients;) at other times only
 a slight degree of inflammation is to be observed. When
 liquid matter has been found in the trachea, it is called
 by professor Rush humoral, and when a membrane is formed,
 has been called by Dr. Michaelis *angina polyposa*.

The remote causes of *Cynanche trachealis* are various, for
 the most part heat succeeding cold, and vice versa. It
 is not unfrequently produced by the invariable qualities of the
 atmosphere; it is also frequently the effect of other diseases.

This disease in its commencement may, for the most part,

to know by a peculiar wheezing and husky breathing,
 which can be very easily removed, if emetics be immediately
 administered; the best for this purpose are antimonial wine,
 Tartar emetic, Compound of Squills & Ipecacuanha. When these
 remedies have not been resorted to in the forming state of
 the disease, and the pulse becomes very much excited, there is
 no remedy equal to bloodletting both general and topical.

This if neglected, the disease either proves fatal or very
 soon exhausts the patient's strength, which can never be the
 case if strict attention be paid to depletion. There has
 been a great difference among the Physicians in opinion,
 who have written on croup & tracheitis about the employment
 of the lancet in this disease. Dr. Baile of New York

And until fainting was induced, his practice has been followed
 by Dr. Dick of Alexandria; but the professor of the Institute,
 and practice of medicine prefers small and frequent bleedings
 to copious; but has carried it the extent of twelve ounces in the
 day. This practice has also been followed by the professor of
 surgery with complete success. Bloodletting appears to have
 been equally successful in the hands of Drs. Callan, Home &
 Wilson. Dr. Home has spoken decidedly in favor of this
 remedy in the inflammatory state, he observes, bleeding
 appears to have been attended with immediate good effects,
 and to be a powerful remedy in this situation. This ought
 to be done expeditiously and plentifully while the pulse will
 allow. It is best to take it at first with a lancet so that

a sufficient quantity may be soon drawn off. But when the
 membrane is once formed, Dr Home again observes, on the
 perulant matter collected in great quantity in the lungs, evac-
 uations can be no longer of any use; they rather hurt as the
 pulse is then weak. Hence the reason why people differ about
 the effects of evacuations in this disease; some deeming them
 the only certain remedy, while others hold them to be destruc-
 tive. Dr Keilley strongly opposes this method in the strongest
 terms, saying that he had used evacuations of every kind, but he
 never found any advantage either from blisters or bloodletting.
 I rather suppose he did not use the lancet to a sufficient
 extent, or was not called until the patient was worn down
 by the violence of the disease; for all authors now consider it

as a disease of high inflammatory type. After bloodletting has been
 used to a sufficient extent, then Vomits should be exhibited
 very liberally, while ipecac, camomile Sulfimate, & Turbith
 mineral have been highly recommended by Dr. Barton,
 when it was necessary for the patient to vomit immediately.

When emetics are not sufficient to loosen the bowels; then we
 must have recourse to purgatives; The best in this class, are
 Calomel, Rhubarb, & Sallap. Calomel should be both given
 by itself or in combination with the vegetable purgatives.

Dr. Physick has given a half drachm of Calomel in the
 course of the 24 hours, which entirely removed the disease
 without inducing the least salivation. It is indeed extremely
 hard to induce salivation in children under 10 years. When this

remedy becomes necessary, we should never be deterred from the use of it by a fear of its inducing salivation, but administer it liberally, for it is one of our best resorts.

After the inflammation has somewhat lessened, then a blister should be applied to the throat, breast, and limbs. They cannot be too highly recommended when properly used.

Dr. Ascher has recommended, in high terms, the use of *Polygala Senega*, or snake root. He believes this practice has not been much followed as yet, but no doubt it will be found an important medicine. Pedilucium says Dr. Wilson has been used with success, and goes on to state that it is a common Nurses remedy in Scotland.

The warm bath has been also recommended with consid-

erable success, and it has, says Dr Rush, proved more
 successful when a gentle perspiration has supervened after
 its use. When the inflammation has subsided, then laudan-
 um may be given with considerable advantage to allay
 the cough. Diluent drinks, as the mucilage of Gum Arabi-
 c & Glass Sacks tea, &c., are quite necessary and should
 be administered very liberally. Thus I have completed
 my essay on Cynanche Trachealis. I am fully conscious of its
 imperfections, but knowing, it will fall in the hands of a cand-
 id judge, who will either pardon its faults or point them out
 so that they may be corrected; I submit it with pleasure but
 not without solicitude for its fate.

P. M. S.

